FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: **April 30,2008** Estimated average burden hours per response.....16.00

SEC USE ONLY

Serial

Prefix

NOTICE OF SALE OF SECURITIES PHPSHANT TO DECHI ATION D

TORSUANT TO REGULATION I	,
SECTION 4(6), AND/OR	DATE RECEIVED
UNIFORM LIMITED OFFERING EXEM	MPTION A
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): 🔀 Rule 504 🔲 Rule 505 🔲 Rule 506 🔲 Section 4((6) ULOE RECEIVED
Type of Filing:	134
JGP, LLC Organizational Offering	2005
A. BASIC IDENTIFICATION DATA	ACT 7 2 5002
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	156
JGP, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
11516 Nicholas Street, Suite 201, Omaha, NE 68154	(402) 934-5538
Address of Principal Business Operations (Number and Subsection 2), Zip Code (if different from Executive Offices)	Telephone Number (Including Area Code)
same as above OCT 2 0 2005	
Brief Description of Business	1 (48)() 48(8) 4(4) 4 (4) 4(4) 4(4) 4(4) 4(4)
title insurance THOMSON FINANCIAL	
Type of Business Organization	(please speci 05088752
	(produce special
business trust limited partnership, to be formed limited	ited liability company
Month Year Actual or Estimated Date of Incorporation or Organization: III OI4 Ex Actual Es Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction)	timated ate: NE
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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales arc to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director ∇ General and/or Managing Partner Full Name (Last name first, if individual) Hill, Jody (owns membership interest with D. Owen Thorsen as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 15368 Nicholas Street, Omaha, NE 68154 Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Thorsen, D. Owen (owns membership interest with Jody Hill as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 15368 Nicholas Street, Omaha, NE 68154 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Megel, Steven C. (owns membership interest with Deborah A. Megel as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 25019 Capitol Cr., Waterloo, NE 68069 Check Box(es) that Apply: Executive Officer Director Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Megel, Deborah A. (owns membership interest with Steven C. Megel as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 25019 Capitol Cr., Waterloo, NE 68069 Check Box(es) that Apply: Promoter ✓ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) McCarthy, Brian T. (owns membership interest with Sue E. McCarthy as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 106 South 53rd Street, Omaha, NE 68132 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) McCarthy, Sue E. (owns membership interest with Brian T. McCarthy as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 106 South 53rd Street, Omaha, NE 68132 Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Rock, Robbin D. (owns membership interest with Janet S. Rock as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 16707 Mason Cr., Omaha, NE 68118

A. BASIC DENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Check Box(es) that Apply: ■ Beneficial Owner Executive Officer General and/or Director \Box Managing Partner Full Name (Last name first, if individual) Rock, Janet S. (owns membership interest with Robbin D. Rock as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 16707 Mason Cr., Omaha, NE 68118 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Sip, George (owns membership interest with Candice Haas as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 8104 North 40th Street, Omaha, NE 68112 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Haas, Candice (owns membership interest with George Sip as JTWROS) Business or Residence Address (Number and Street, City, State, Zip Code) 5151 Jones Street, Omaha, NE 68106 Check Box(es) that Apply: ☐ Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								***************************************	X				
2	Answer also in Appendix, Column 2, if filing under ULOE.									£ 25.	00.00		
۷.	2. What is the minimum investment that will be accepted from any individual?								******************	Yes	No		
3.	Does th	e offering	permit join	t ownersh	ip of a sing	le unit?				***************************************		K	
4.													
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a sta													
	or states	s, list the na		roker or d	ealer. If mo	ore than fiv	e (5) persoi	ns to be list	ed are asso		ons of such		
Full	Name (1	Last name	first, if indi	ividual)									****
Bus	iness or	Residence	Address (N	lumber and	d Street, Ci	ty, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	oker or Dea	aler		<u>, , , , , , , , , , , , , , , , , , , </u>							
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	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbb{W}}\overline{\mathbb{V}}$	WI	WY	PR
Full	Name (I	Last name i	fīrst, if indi	vidual)									
Busi	ness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nam	e of Ass	ociated Br	oker or Dea	aler									
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check '	'All States	" or check	individual	States)		,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•••••		A!	l States
	AL	AK	AZ	ĀR	CA	[CO]	[CT]	DE	DC	FL	GA	HI	ID
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	RI	SC	SD	TN	TX	UT	VT	[VA]	WA	$\overline{\mathbf{W}}\overline{\mathbf{V}}$	WI	WY	PR
Full	Name (I	ast name f	irst, if indi	vidual)							······································		
Busi	ness or	Residence	Address (N	Number an	d Street, C	ity, State, Z	Zip Code)			-			
Nam	e of Ass	ociated Bro	oker or Dea	nler									
			Listed Has										l Ctatas
(Check "All States" or check individual States)								☐ Al	l States				
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	\overline{WV}	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

G: OFFERING PRICE; NUMBER OF INVESTORS; EXPENSES AND USE OF PROCEEDS

	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Date	-	
	Debt		\$ \$ 100,000.00
	Equity	\$_100,000.00	\$_100,000.00
	Convertible Securities (including warrants)	¢	¢
	Partnership Interests		
	Other (Specify)		
	Total	\$_100,000.00	\$_100,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	2	\$ 50,000.00
	Non-accredited Investors	2	\$_50,000.00
	Total (for filings under Rule 504 only)	4	\$_100,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$ 200,000.00
	Total		\$ 200,000.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 1,000.00
	Accounting Fees	42	\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 1,000.00
	1.77.01		A11 / 1

8	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	The section of	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."			99,000.00	
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross			
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		\$	s	
	Purchase of real estate				
	Purchase, rental or leasing and installation of mach and equipment		\$		
	Construction or leasing of plant buildings and faci	lities	\$		
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another			
	Repayment of indebtedness		\$		
	Working capital		\$	\$ 99,000.00	
•	Other (specify):				
			\$	s	
	Column Totals		 √ \$ 0.00	✓ \$ 99,000.00	
	Total Payments Listed (column totals added)				
		D. FEDERAL SIGNATURE			
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accr	aish to the U.S. Securities and Exchange Commis	sion, upon writte		
Issu	er (Print or Type)	Signature	Date		
JG	P, LLC	Lody Hill	10/10/05	<u> </u>	
	ne of Signer (Print or Type) Hill	Title of Signer (Print or Type) Manager			

ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)